



Norman H. Bangerter  
Governor  
Dee C. Hansen  
Executive Director  
Dianne R. Nielson, Ph.D.  
Division Director

# State of Utah

DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL, GAS AND MINING

355 West North Temple  
3 Triad Center, Suite 350  
Salt Lake City, Utah 84180-1203  
801-538-5340

February 13, 1989

CERTIFIED RETURN RECEIPT REQUESTED  
(P 879 596 388)

Mr. Robert Hagen, Director  
Office of Surface Mining  
Reclamation and Enforcement  
Suite 310, Silver Square  
625 Silver Avenue, S. W.  
Albuquerque, New Mexico 87102

Dear Mr. Hagen:

Re: TDN 88-02-250-2, Genwal Coal Company, Crandall Canyon Mine,  
ACT/015/032, Folder 5, Emery County, Utah

Pursuant to our telephone call of February 9, 1989, discussing your letter of February 6, 1989, regarding the above-referenced Ten-Day-Notice, I am writing to notify you that the Division is reviewing your letter; specifically the last paragraph on the first page, with the intent of verifying what actions Genwal Coal Company has taken subject to decommissioning of the temporary preparation site to clean the affected surface back to the pre-preparation activity configuration.

I will be providing you a detailed response within two weeks. I hope this satisfies the spirit of our telephone conversation.

Sincerely,

*Lowell P. Braxton*

Lowell P. Braxton  
Administrator  
Mineral Resource Development  
and Reclamation Program

djh  
cc: R. Myers, Genwal  
D. R. Nielson  
S. Linner  
P. F. O.  
AT18/17

● **SENDER:** Complete items 1, 2, 3, and 4.  
Add your address in the "RETURN TO" space  
on reverse.

**(CONSULT POSTMASTER FOR FEES)**

1. The following service is requested (check one).

- ☒ Show to whom and date delivered ..... —\$  
☐ Show to whom, date, and address of delivery.. —\$

2. ☐ **RESTRICTED DELIVERY**

(The restricted delivery fee is charged in addition to  
the return receipt fee.)

TOTAL \$

3. ARTICLE ADDRESSED TO:

Robert Hagen, Director  
Office of Surface Mining  
Suite 310 Silver City  
625 Silver Ave. S.W.  
Albuquerque NM 87102

4. TYPE OF SERVICE:

- ☐ REGISTERED ☐ INSURED  
☒ CERTIFIED ☐ COD  
☐ EXPRESS MAIL

ARTICLE NUMBER

P879 576 388

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE

☐ Addressee☒ Authorized agent

*Wilson Henry*

5. DATE OF DELIVERY

1/15/88

POSTMARK

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S  
INITIALS

09m

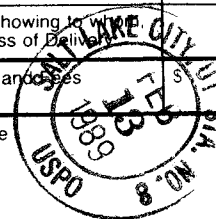
P 879 576 388

**RECEIPT FOR CERTIFIED MAIL**NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to: <i>Robert Hagen, Director</i>	
Office of Surface Mining	
Street and No. <i>Suite 310 Silver City</i>	
<i>625 Silver Ave. S.W.</i>	
P.O. State and ZIP Code	
<i>Albuquerque NM 87102</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985



ACT/0.5/0.3 E  
 DN 88-02-250-2  
 AL

2-052-20-0-88 NDL  
 RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL  
 ACT/0.5/0.3 E

UNITED STATES POSTAL SERVICE  
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**SENDER INSTRUCTIONS**

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

PENALTY FOR PRIVATE  
USE TO AVOID PAYMENT  
OF POSTAGE, \$300



**RETURN  
TO**



STATE OF UTAH  
(Name of Sender)  
**NATURAL RESOURCES**  
**OIL, GAS, & MINING**

3 TRIAD CENTER SUITE 350  
(Street or P.O. Box)  
SALT LAKE CITY, UTAH 84180-1203

(City, State, and ZIP Code)

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,  
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

U.S.G.P.O. 1987-197-722